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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/657,041
	Filing Date	9/5/2000
	First Named Inventor	Leonard Pinchuk et al.
	Art Unit	3731
	Examiner Name	Michael H. Thaler
Total Number of Pages in This Submission 6	Attorney Docket No.	BSI-430US8

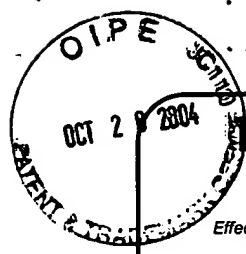
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			10/25/2004
Name (Print/Type)	Denise Morgan		
Signature		Date	10/25/2004

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FEE TRANSMITTAL for FY 2005

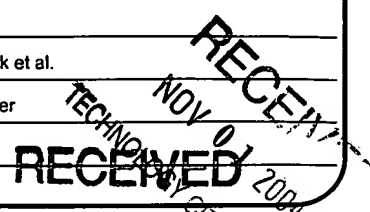
Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180

Complete if Known

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METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None				3. ADDITIONAL FEES			
<input checked="" type="checkbox"/> Deposit Account (use as backup only):				OFFICE OF PETITIONS			
Deposit Account Number: 18-0350				Fee Description			
Deposit Account Name: RatnerPrestia				Fee Paid			
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<input checked="" type="checkbox"/> Credit any overpayments							
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)							
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid		
1001	790	2001	395	Utility filing fee			
1002	350	2002	175	Design filing fee			
1003	550	2003	275	Plant filing fee			
1004	790	2004	395	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
SUBTOTAL (1)				(\$)		0	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
Total Claims	-20**	=	0	X	Fee from below	=	0
Independent Claims	-3**	=	0	X		=	0
Multiple Dependent		X				=	0
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid		
1202	18	2202	9	Claims in excess of 20			
1201	88	2201	44	Independent claims in excess of 3			
1203	300	2203	150	Multiple dependent claim, if not paid			
1204	88	2204	44	** Reissue independent claims over original patent			
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)				(\$)		0	
Other fee (specify)							
*Reduced by Basic Filing Fee Paid				SUBTOTAL (3)		(\$)	
						180	

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Jonathan H. Spadt	Registration No. Attorney/Agent	45,122	Telephone	610-407-0700
Signature		Date	10/25/2004		

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